

EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment						Work Assignment Number 03-49			
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000001			
Contract Number EP-C-08-010			Contract Period 12/16/2008 To 11/30/2012 Base Option Period Number 3			Title of Work Assignment/SF Site Name Natl Conf on Hardrock Mining			
Contractor SCIENTIFIC CONSULTING GROUP, INC, THE				Specify Section and paragraph of Contract SOW 2.4					
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval						Period of Performance From 12/08/2011 To 07/31/2012			
Comments: This is to request a 30 day no cost extension from June 30, 2012 to July 31, 2012.									
<input type="checkbox"/> Superfund Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund									
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.									
SFO (Max 2) <input type="checkbox"/>									
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars) (Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1									
2									
3									
4									
5									
Authorized Work Assignment Ceiling									
Contract Period:		Cost/Fee:		LOE:					
12/16/2008 To 11/30/2012									
This Action:									
Total:									
Work Plan / Cost Estimate Approvals									
Contractor WP Dated:				Cost/Fee:		LOE:			
Cumulative Approved:				Cost/Fee:		LOE:			
Work Assignment Manager Name Douglas Grosse						Branch/Mail Code:			
_____ (Signature)						_____ (Date)			
						Phone Number 513-569-7844			
						FAX Number:			
Project Officer Name Verla Sutton-Busby						Branch/Mail Code:			
_____ (Signature)						_____ (Date)			
						Phone Number: 202-564-6808			
						FAX Number:			
Other Agency Official Name						Branch/Mail Code:			
_____ (Signature)						_____ (Date)			
						Phone Number:			
						FAX Number:			
Contracting Official Name Renita Tyus						Branch/Mail Code: CPAD			
_____ (Signature)						_____ (Date)			
						Phone Number: 513-487-2094			
						FAX Number: 513-487-2109			